



2016 SUMMER DAY CAMP

CAMPERS NAME: _____ AGE: _____ ENTERING GRADE: _____

SHIRT SIZE: ☐ Youth XS ☐ Youth S ☐ Youth M ☐ Youth L ☐ Youth XL ☐ MALE
☐ Adult XS ☐ Adult S ☐ Adult M ☐ Adult L ☐ Adult XL ☐ FEMALE DATE OF BIRTH ____/____/____

MOTHERS NAME: _____ CELL PHONE: _____

FATHERS NAME: _____ CELL PHONE: _____

ADDRESS: _____ ZIPCODE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE NUMBER: _____

City of Wyoming Recreation Center Waiver and Release of All Claims of Minor Participant

I, the lawful parent/guardian of _____ (the "Participant"), in consideration of the Participant being permitted to utilize the facilities, services and programs of the City of Wyoming (the "City"), the Wyoming Recreation Commission and other professional recreation organizations associated with the City (the "Releasees"), hereby releases, waives, discharges and covenants not to sue, the City, the Wyoming Recreation Commission, its elected and appointed officials, officers, employees, volunteers and agents from all liability to the undersigned and Participant, and the undersigned's and Participant's personal representatives, assigns, heirs, and next-of-kin, for any and all loss or damage, and any claim or demands therefore on account of injury to the Participant or resulting in death of the Participant, whether caused by the negligence of the Releasees or otherwise while the Participant is in, upon or about the premises of, using any facilities or equipment of, or participating in any program affiliated with, the City or the Wyoming Recreation Commission.

I acknowledge and understand that there are risks of injury present in this activity or program and that Participant's participation is at Participant's own risk and that the City of Wyoming, the Wyoming Recreation Commission and other professional recreation organizations associated with the City or the program will not be liable for an injury sustained by Participant, and are not responsible for any medical expenses incurred growing out of Participant's participation in this program.

I represent that Participant has been recently examined by a medical doctor and been found able to undertake a program of exercise without limitations.

SIGNATURE: _____

DATE: ____/____/____

**CAMPER
NAME:** _____

REGISTRATION FEE PAID?

YES

NO

	<u>DAILY</u>						<u>WEEKLY</u>		<u>Field</u>	<u>TOTAL</u>		
	M	T	W	TH	F	Total	RATE (Circle One)	Total	RATE (Circle One)	Trip	PAID	Date Staff
WEEK 1 June 6-10							\$40 MEM X \$44 RES = \$48 NR		\$180 MEM \$198 RES \$216 NR	NO FEE		
WEEK 2 June 13-17							\$40 MEM X \$44 RES = \$48 NR		\$180 MEM \$198 RES \$216 NR	Kings Island 4th Grade&Up \$20		
WEEK 3 June 20-24							\$40 MEM X \$44 RES = \$48 NR		\$180 MEM \$198 RES \$216 NR	NO FEE		
WEEK 4 June 27-July 1							\$40 MEM X \$44 RES = \$48 NR		\$180 MEM \$198 RES \$216 NR	NO FEE		
WEEK 5 July 5-8							\$40 MEM X \$44 RES = \$48 NR		NO CAMP JULY 4th	NO FEE		
WEEK 6 July 11-15							\$40 MEM X \$44 RES = \$48 NR		\$180 MEM \$198 RES \$216 NR	NO FEE		
WEEK 7 July 18-22							\$40 MEM X \$44 RES = \$48 NR		\$180 MEM \$198 RES \$216 NR	NO FEE		
WEEK 8 July 25-29							\$40 MEM X \$44 RES = \$48 NR		\$180 MEM \$198 RES \$216 NR	NO FEE		
WEEK 9 August 1-5							\$40 MEM X \$44 RES = \$48 NR		\$180 MEM \$198 RES \$216 NR	Reds Game 4th Grade&Up \$7		
WEEK 10 August 8-12							\$40 MEM X \$44 RES = \$48 NR		\$180 MEM \$198 RES \$216 NR	NO FEE		